

- California Codes
 - California Welfare and Institutions Code
 - WELFARE AND INSTITUTIONS CODE SECTION 4353-4359

4353. The Legislature finds and declares all of the following:

(a) There is a large population of persons who have suffered traumatic head injuries resulting in significant functional impairment.

(b) Approximately 80 percent of these injuries have occurred as a direct result of motor vehicle accidents.

(c) There is a lack of awareness of the problems associated with head injury resulting in a significant lack of services for persons with head injuries, including, but not limited to, in-home and out-of-home services, respite care, placement programs, counseling, cognitive rehabilitation, transitional living, and vocational rehabilitation services.

(d) Although there are currently a number of different programs attempting to meet the needs of the persons with head injuries, there is no clearly defined ultimate responsibility vested in any single state agency. Nothing in this section shall be construed to mandate services for persons with acquired traumatic injury through county and city programs.

(e) There is no programmatic coordination among agencies to facilitate the provision of a continuing range of services appropriate for persons with traumatic head injuries.

(f) There is a serious gap in postacute care services resulting in incomplete recovery of functional potential.

(g) Due to the problems referred to in this section, the state is not adequately meeting the needs of persons with head injuries enabling them to return to work and to lead productive lives.

4354. For purposes of this chapter, the following definitions shall apply:

(a) "Acquired traumatic brain injury" is an injury that is sustained after birth from an external force to the brain or any of its parts, resulting in cognitive, psychological, neurological, or anatomical changes in brain functions.

(b) "Department" means the State Department of Mental Health.

(c) "Director" means the Director of Mental Health.

(d) "Vocational supportive services" means a method of providing vocational rehabilitation and related services that may include prevocational and educational services to individuals who are unserved or underserved by existing vocational rehabilitation services.

(e) The following four characteristics distinguish "vocational supportive services" from traditional methods of providing vocational rehabilitation and day activity services:

(1) Service recipients appear to lack the potential for unassisted competitive employment.

(2) Ongoing training, supervision, and support services must be provided.

(3) The opportunity is designed to provide the same benefits that other persons receive from work, including an adequate income level, quality of working life, security, and mobility.

(4) There is flexibility in the provision of support which is necessary to enable the person to function effectively at the worksite.

(f) "Community reintegration services" means services as needed by clients, designed to develop, maintain, increase, or maximize independent functioning, with the goal of living in the community and participating in community life. These services may include, but are not limited to, providing, or arranging for access to, housing, transportation, medical care, rehabilitative therapies, day programs, chemical dependency recovery programs, personal assistance, and education.

(g) "Fund" means the Traumatic Brain Injury Fund.

(h) "Supported living services" means a range of appropriate supervision, support, and training in the client's place of residence, designed to maximize independence.

(i) "Functional assessment" means measuring the level or degree of independence, amount of assistance required, and speed and safety considerations for a variety of categories, including activities of daily living, mobility, communication skills, psychosocial adjustment, and cognitive function.

(j) "Residence" means the place where a client makes his or her home, that may include, but is not limited to, a house or apartment where the client lives independently, assistive living arrangements, congregate housing, group homes, residential care facilities, transitional living programs, and nursing facilities.

4354.5. The Legislature finds and declares the following:

(a) Ascertaining the number of Californians who survive traumatic brain injuries is difficult, but the best estimates are that there are approximately 225,000 survivors who have sustained "closed" or "open" head injuries.

(b) Traumatic brain injuries have a long-term impact on the survivors, their families, caregivers, and support systems.

(c) Long-term care consumers experience great differences in service levels, eligibility criteria, and service availability, resulting in inappropriate and expensive care that fails to be responsive to their needs.

(d) California must develop an action plan with a timetable for implementation to ensure that there will be an array of appropriate services and assistance funded and administered by a state structure that has a focus and commitment to integration and coordination.

(e) The state must pursue, in a timely manner, all available sources of federal financial participation, including, but not limited to, the medicaid home and community-based services waiver program (42 U.S.C. Sec. 1396n(c)) and Part J of Subchapter II of the Public Health Service Act (42 U.S.C. Sec. 280b et seq.).

(f) The department, pursuant to this chapter, has funded and demonstrated, successfully, through four projects for a postacute continuum-of-care model for adults 18 years of age or older with acquired traumatic brain injuries, the array of services and assistance that meet the needs of these individuals and their

families.

(g) The state shall replicate these models toward developing a statewide system that has as a goal the support of existing community-based agencies and organizations with a proven record of serving survivors of traumatic brain injuries.

(h) Implementation of the act that added this section shall be consistent with the state's public policy strategy to design a coordinated services delivery system pursuant to Article 4.05 (commencing with Section 14139.05) of Chapter 7 of Part 3 of Division 9.

4355. The department shall designate sites in order to develop a system of postacute continuum-of-care models for adults 18 years of age or older with an acquired traumatic brain injury. The project sites shall coordinate vocational supportive services, community reintegration services, and supported living services. The purpose of the project is to demonstrate the effectiveness of a coordinated service approach which furthers the goal of assisting those persons to attain productive, independent lives which may include paid employment.

4356. (a) The department shall provide support to the four original pilot sites.

(b) (1) The department shall award and administer grants to four additional sites, to be selected through a competitive bidding process. One site shall be within each of the regions listed in Section 4357.2. It is the intent of the Legislature that one site be located in a rural area. Implementation of new project sites shall be contingent upon the availability of funds, and new project sites shall be selected on an incremental basis as funds become available.

(2) Priority shall be given to applicants that have proven experience in providing services to persons with an acquired traumatic brain injury including, but not limited to, supported living services, community reintegration services, vocational support services, caregiver support, and family and community education.

(3) The department shall convene a working group, established pursuant to Section 4357.1, to assist them in developing requests for proposals and evaluating bids. In addition, the department shall use this working group as an advisory committee in accordance with requirements of Part J of Subchapter II of the Public Health Service Act (42 U.S.C. Sec. 280b et seq.) in order to pursue available federal funds including, but not limited to, Section 300d-52 of Title 42 of the United States Code.

(4) Each new site shall be in operation within six months following the grant award.

(5) The four additional sites prescribed by this subdivision shall be established to the extent that the availability of federal funds or other appropriate funds permit.

(c) (1) The department, with the advice and assistance of the working group, shall develop an independent evaluation and assist sites in collecting uniform data on all clients.

(2) The evaluation shall test the efficacy, individually and in the aggregate, of the existing and new project sites in the following areas:

(A) The degree of community reintegration achieved by clients, including their increased ability to independently carry out activities of daily living, increased participation in community life, and improved living arrangements.

(B) The improvements in clients' prevocational and vocational abilities, educational attainment, and paid and volunteer job placements.

(C) Client and family satisfaction with services provided.

(D) Number of clients, family members, health and social service professionals, law enforcement professionals, and other persons receiving education and training designed to improve their understanding of the nature and consequences of traumatic brain injury, as well as any documented outcomes of that training and education.

(E) The extent to which participating programs result in reduced state costs for institutionalization or higher levels of care, if such an estimate can be obtained within the 10 percent of funds allowed for the evaluation.

(3) The department shall expend not more than 10 percent of the annual program amount on the evaluation. The evaluator shall be chosen by means of competitive bid and shall report to the department.

(4) The evaluator shall make a final report to the Legislature by January 1, 2005.

4357. (a) The sites shall be able to identify the special needs and problems of clients and the services shall be designed to meet those needs.

(b) The sites shall match not less than 20 percent of the amount granted, with the exception of funds used for mentoring. The required match may be cash or in-kind contributions, or a combination of both, from the sites or any cooperating agency. In-kind contributions may include, but shall not be limited to, staff and volunteer services.

(c) The sites shall provide at least 51 percent of their services under the grant to individuals who are Medi-Cal eligible or who have no other identified third-party funding source.

(d) The sites shall provide, directly or by arrangement, a coordinated service model to include all of the following:

(1) Supported living services.

(2) Community reintegration services.

(3) Vocational supportive services.

(4) Information, referral, and, as needed, assistance in identifying, accessing, utilizing, and coordinating all services needed by individuals with traumatic brain injury and their families.

(5) Public and professional education designed to facilitate early identification of persons with brain injury, prompt referral of these persons to appropriate services, and improvement of the system of services available to them.

The model shall be designed and modified with advice from clients and their families, and shall be accessible to the population in need, taking into account transportation, linguistic, and cultural factors.

(e) The sites shall develop and utilize an individual service plan which will allow clients to move from intensive medical

rehabilitation or highly structured living arrangements to increased levels of independence and employment. The goals and priorities of each client shall be an integral part of his or her service plan.

(f) The sites shall seek all third-party reimbursements for which clients are eligible and shall utilize all services otherwise available to clients at no cost, including vocational rehabilitation services provided by the Department of Rehabilitation. However, grantees may utilize grant dollars for the purchase of nonreimbursed services or services otherwise unavailable to clients.

(g) The sites shall endeavor to serve a population that is broadly representative with regard to race and ethnicity of the population with traumatic brain injury in their geographical service area, undertaking outreach activities as needed to achieve this goal.

(h) The sites shall maintain a broad network of relationships with local groups of brain injury survivors and families of survivors, as well as local providers of health, social, and vocational services to individuals with traumatic brain injury and their families. The sites shall work cooperatively with these groups and providers to improve and develop needed services and to promote a well-coordinated service system, taking a leadership role as necessary.

4357.1. (a) The department shall convene a working group including the following persons as selected by the director:

(1) A survivor currently using services in the program.

(2) Two family members of persons surviving traumatic brain injuries, one of whom shall be a family member of a person with significant disabilities resulting from injuries.

(3) A representative of the Brain Injury Association of California.

(4) A representative of each of the existing sites.

(5) A representative of the Caregiver Resource Centers.

(6) A representative of the California Foundation for Independent Living Centers.

(7) A representative of the Public Interest Center for Long-term Care.

(8) A representative of the California Rehabilitation Association.

(9) A member from a survivor's organization.

(10) Representatives of the Department of Rehabilitation and the State Department of Health Services and others as determined by the director.

(b) Members of the working group shall participate without compensation. The working group may be reimbursed by the department for expenses related to the meetings, as determined by the director.

(c) The department shall consult with the working group on the following, as determined by the director:

(1) Development of the evaluation instrument and plan.

(2) Selection and development of the four new sites.

(3) Progress reports and input from participating state or local agencies and the public.

(4) Project implementation, achievements, and recommendations regarding project improvement.

(5) Development of recommended strategies and guidelines for accident prevention and training of peace officers in awareness of

brain injury issues. These recommendations shall be made available for use by the department, project sites, other state agencies, and other appropriate entities.

(6) A recommended plan including financial requirements for expansion of the project to all regions of the state to be completed and issued by January 1, 2003.

(d) Contracts awarded pursuant to this part and Part 4 (commencing with Section 4370), including contracts required for administration or ancillary services in support of programs, shall be exempt from the requirements of the Public Contract Code and the State Administrative Manual, and from approval by the Department of General Services.

4357.2. (a) New sites shall be chosen from areas of the state that are not currently served by a site. Two new sites shall be located in the southern portion of the state and two new sites shall be located in the northern portion of the state. Of these, at least one site shall be located in a rural area. Nothing in this chapter shall prohibit a site from serving multiple counties. Implementation of the new sites shall be contingent upon funds appropriated by the Legislature and funds becoming available for this purpose.

(b) The department, in conjunction with the existing sites, shall develop guidelines and procedures for the coordinated continuum-of-care model and its component services. The existing sites shall assist the department in providing orientation, training, and technical assistance to the new sites.

(c) Up to 10 percent of funds allocated to new sites during their first year of operation may be expended for training, technical assistance, and mentoring by existing sites and any other source of assistance appropriate to the needs of the new sites. A plan and budget for technical assistance and mentoring shall be included in the proposals submitted by potential sites.

(d) Mentoring activities shall include, but not be limited to, assisting new sites in refining their continuum-of-care model and its component services, developing guidelines and procedures, and providing advice in meeting the needs of traumatic brain injury survivors and their caregivers, as well as carrying out community outreach and networking with community groups and service providers. Mentoring shall be carried out with the goal of responding to the needs identified by the new sites, transferring the knowledge and expertise of the existing sites, and helping each new site to be successful in developing an effective program that takes into account the needs, resources, and priorities of their local community. Mentoring shall be coordinated with and overseen by the department.

(e) Department staff and site directors shall meet quarterly as a group for ongoing technical assistance, transfer of knowledge, and refinement of the models of continuum of care.

(f) Existing and new sites may allocate up to 15 percent of annual program funds to any appropriate caregiver resource center to assist in caregiver services.

4358. There is hereby created in the State Treasury the Traumatic Brain Injury Fund, the moneys in which may, upon appropriation by the

Legislature, be expended for the purposes of this chapter.

4358.5. (a) Funds deposited into the Traumatic Brain Injury Fund pursuant to paragraph (8) of subdivision (f) of Section 1464 of the Penal Code shall be matched by federal vocational rehabilitation services funds for implementation of the Traumatic Brain Injury program pursuant to this chapter. However, this matching of funds shall be required only to the extent it is required by other state and federal law, and to the extent the matching of funds would be consistent with the policies and priorities of the Department of Rehabilitation regarding funding.

(b) The department shall seek and secure funding from available federal resources, including, but not limited to, medicaid and drug and alcohol funds, utilizing the Traumatic Brain Injury Fund as match and shall seek any necessary waiver of federal program requirements to maximize available federal dollars.

4359. This chapter shall remain in effect until July 1, 2012, and as of that date is repealed, unless a later enacted statute enacted prior to July 1, 2012, extends or deletes that date.